United Nations E/ICEF/2004/P/L.16

Economic and Social Council

Distr.: Limited
8 April 2004*

Original: English

For action

United Nations Children's Fund
Executive Board
Annual session 2004
7-11 June 2004
Item 4 of the provisional agenda**

Draft country programme document***

Serbia and Montenegro

Summary

The Executive Director presents the draft country programme document for Serbia and Montenegro, including Kosovo**** for discussion and comments. The Executive Board is requested to approve the aggregate indicative budget of $3,325,000 from regular resources, subject to the availability of funds, and $36,500,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2005 to 2009.

* Submission of the present document was delayed by necessary consultations with the UNICEF country office.

** E/ICEF/2004/8.

*** In accordance with Executive Board decision 2002/4 (E/ICEF/2002/8), the present document will be revised and posted on the UNICEF web site in October 2004, together with the summary results matrix. It will then be approved by the Executive Board at its first regular session of 2005.

**** Currently under United Nations administration (United Nations Interim Mission in Kosovo).

04-30569 (E) 180504

Basic data (2002 unless otherwise stated)	
Child population (millions, under 18 years)	2.5
U5MR (per 1,000 live births)	19
Underweight (% moderate and severe, 2000)	2
Maternal mortality ratio (per 100,000 live births, 2001)	7
Primary school attendance (% net male/female, 2000)	98/96[a]
Primary school children reaching grade 5 (%, 2000)	94
Use of improved drinking water sources (%, 2000)	98
Adult HIV prevalence rate (%, 2001)	0.2
Child work (%, children 5-14 years old)	..
GNI per capita (US$)	1,400
One-year-olds immunized against DPT3 (%)	95
One-year-olds immunized against measles (%)	92

[a] Excludes Kosovo (currently under United Nations administration).

A. Serbia and Montenegro

The situation of children and women

1. Drastic decisions are needed in terms of improved budgetary allocations and priority-setting to change the trends of increasing child poverty, disparities and exclusion in Serbia and Montenegro. Investment in health and education per child has decreased by one half over the last 10 years. The gross domestic product (GDP) has fallen by 50 per cent since 1990, and public debt is rising and is estimated to reach $5 billion by 2005. A weak economic base continues to constrain public spending. Some 25-30 per cent of the population live below or close to the poverty line. Over 400,000 children face poverty. Already burdened with the consequences of conflict, sanctions, economic collapse and migration, Serbia and Montenegro faces additional challenges related to the transition to a market economy. Children need to be set high on the political agenda.

2. Although the Convention on the Rights of the Child is still not fully reflected in national laws and important policies, an ambitious social reform process is underway with new legislation and harmonization with international conventions. Serbia and Montenegro has met many of the Millennium Development Goals. However, the wide and increasing disparities and exclusion of some population groups pose a threat to their sustainability. Roma children have an under-five mortality rate (U5MR) that is four times higher then the national average. Although the national primary-school completion rate is 85 per cent, it is only 10-20 per cent for some populations such as Roma. There are currently over 500,000 refugees and internally displaced persons (IDPs).

3. Accession to the European Union is a high priority, and implementation of European standards has been an important criterion to accelerate the reform process. Political uncertainties, however, hamper the pace and scale of the process. The State Union of Serbia and Montenegro was constituted in February 2003. In 2005, this decision will be revisited.

4. The Government has undertaken economic reform since 2000, and has taken measures to tackle widespread corruption and criminality. Further progress is needed in institution-building at the level of the State Union, state members and central and local levels, to adapt to the needs of a smaller country and to establish democratic and rights-based service delivery. During the 1990s, the country became extremely centralized. A Common Country Assessment (CCA) for Serbia and Montenegro, developed in partnership with United Nations agencies, development partners and local counterparts in 2003, formed the basis of the situation analysis for children and families by identifying problems faced by children and their immediate, underlying and root causes. The CCA noted that the primary structure of services is especially weak and people are not accustomed to expressing their needs and even less to influencing service delivery. Although few women die in childbirth, the services available are authoritarian and medically driven, and offer little or no choice for the mother or participation for the father. Professional standards and codes of conduct do not always meet international norms. Harmonization of legislation with actual progress in terms of services is still required, together with ways to improve the training, participation and motivation of service providers, most of whom are poorly paid.

5. Nationally, approximately 22 per cent of children attend pre-school education, but fewer than 5 per cent of Roma children do, and the figure is also low for children with special needs and from underdeveloped parts of the country. Institutionalization of children is still overused, but family-based alternatives are being considered. As yet there are no data and consequently no national strategy and insufficient legislation to address the issue of violence against children. Regional approaches are required for addressing the increasing numbers of child victims of trafficking. Decentralization to the municipal level of budget and certain functions, such as school management, primary health care services and training of professionals, is being planned. At the local level, there is limited outreach capacity and poor access for some population groups.

6. Patterns of childcare among different population groups have not yet been assessed. Exclusive breastfeeding rates are low, at 11 per cent. The percentage of known HIV infections occurring before the age of 24 years is 20 per cent, but the actual percentage may be higher. Although knowledge about transmission of HIV is generally high, practices lag behind. Only 21 per cent of sexually active girls and women aged 15-24 years use condoms. Positive life choices are limited for adolescents. Participatory poverty research, conducted by UNICEF and partners in 2003, related this absence to the fact that children, parents and communities lack information and capacities to claim their rights and to influence the quality of services. Mechanisms to adjust to needs and requirements of the users are largely unavailable or not enforced.

7. With increasing poverty, gender inequities appear to be widening. Over 40 per cent of women over 15 years of age do not have a regular personal income. Female workers earn on average 10 per cent less than men for the same job. This underpayment is more pronounced in sectors such as education, health and social insurance, where women are present in large numbers. Women represent 53 per cent of the electorate but only 7 per cent of elected representatives at all levels. In Serbia, unemployment among young people aged 19-24 years is over 50 per cent. The greatest rate of unemployment is among the Roma population, with over 80 per cent officially unemployed.

8. A Ministry for Human and Minority Rights has been created at the level of the State Union and strategies to combat discrimination are being developed. Inter-ethnic tensions exist. Discrimination against people with disabilities continues. The population censuses in Serbia and in Montenegro in 2003 have provided much needed information, but there is need for data disaggregated by gender, age, ethnicity and location.

9. With regard to emergency preparedness, the risk of conflict has diminished, but the possibility of resurgence of tension in border areas with Kosovo and Southern Serbia remains. There is widespread availability of small arms and light weapons. Uncertainty remains over the status of refugees and displaced people. There is a continuing risk of flooding and earthquakes.

Key results and lessons learned from previous cooperation, 2002-2004

Key results achieved

10. The objective of the earlier programme was to contribute to ensuring that all children's rights were fully respected and monitored, to improving social services and to empowering families with knowledge and skills to enable them to ensure that infants and children are healthy, emotionally secure and able to learn in a safe environment.

11. A national growth monitoring system has been established. The country was certified as polio-free and iodine deficiency disorders (IDD) have nearly been eliminated. Early childhood development (ECD) initiatives have been successful in terms of capacity development among professionals at central level, and have started to reach primary caregivers.

12. A comprehensive analysis of primary education, carried out with UNICEF support, has been used by the Ministries of Education as a background for education reform. Active learning methodology became part of the education reform and was brought to 20,000 teachers and used in approximately 60 per cent of primary schools. In education, achievements at the local level surpassed planned outcomes. Access to education for disabled children is being mainstreamed in laws and policies in Montenegro. Progress in increasing participation of young people was strongly evident at the community level, but fell short of its national-level aspirations.

13. Protection programmes made good progress in reaching the most excluded in communities, but progress in integrating children living in institutions into the community was slow.

14. The new Serbian Act for Assessing Children with Disabilities moves away from the medical model towards a child-centred approach that favours family and community types of care. The first model for a juvenile justice diversion scheme was developed with local partnerships.

15. Technical and child-rights training of large numbers of health staff, teachers, social workers and other professionals resulted in a strong cadre of committed and informed individuals who are now acting as a force for change at the local level and who will be an important resource for the implementation of the new country programme.

16. UNICEF, together with its partners, supported the inclusion of a human development and a child-rights perspective in the Poverty Reduction Strategy Paper (PRSP) processes in Serbia and in Montenegro. In support of these processes, the first-ever participatory research was conducted with poor children and families, allowing the voices of excluded groups to be heard. Both PRSPs contain an emphasis on children's rights and the core elements of a policy approach for children.

17. Serbia established an interministerial Council for Child Rights in 2002, and Montenegro a Commission for Child Rights in 2003. Plans of Action for Children were developed based on the PRSPs, the Millennium Development Goals and the goals of *A World Fit for Children*. These plans were adopted under the leadership of the Council and the Commission. Monitoring systems are being developed, based on *DevInfo*. National networks of non-governmental organizations (NGOs) for children have been formed and are becoming active partners for monitoring the implementation of the Plans of Action.

Lessons learned

18. The proposed programme of cooperation will aim at initiating processes that become strong enough to be able to continue with very little support, for example, integrated programming and the life-cycle approach. The extended annual review held in 2003 found that the life-cycle approach to programming, though difficult to introduce, was beginning to show results. This approach resulted in enhanced intersectoral coordination of key ministries and local services, as well as joint working groups and commissions relating to children, which have requested its continuation. The review recommended that the life-cycle approach be further strengthened in the new country programme.

19. After many years' isolation, there is a high demand to learn from other experiences and there is also a strong drive to reach international standards. Provision of high-level external technical expertise to government partners in programme planning, implementation and evaluations was timely and effective during the social sector reform process. A more systematic review of international and European standards and their relevance and applicability will be made under the new country programme.

20. The 2003 external evaluation of the Integrated Management of Childhood Illness (IMCI) project confirmed that the standard World Health Organization (WHO) IMCI package originally designed for developing countries has been successfully adapted to this region and can be used in other countries in transition. The introduction of a rights perspective into the package enhances service delivery.

The programme for Serbia and Montenegro, 2005-2009

Programme preparation process

21. The preparation of the country programme began in early 2003 with workshops to identify a shared vision for children, and key issues to be addressed. The CCA identified the following areas of cooperation for the United Nations Development Assistance Framework (UNDAF): institutional and public administration reform, judicial reform/rule of law, and sustainable local

development. Both the CCA and UNDAF were developed with United Nations agencies, the World Bank, government and international and local partners. UNICEF actively participated in the preparation of the CCA and UNDAF.

22. The country programme was developed alongside and influenced by the PRSPs and the Plans of Action for Children of Serbia and Montenegro. Participatory research with poor children and families was part of all three processes. Strategic results for the country programme were harmonized with the goals of the PRSPs and Plans of Action. The Joint Strategy Meeting with United Nations agencies, government and national partners, held in March 2004, reviewed and endorsed the UNDAF and the proposed programme of cooperation.

Goals, key results and strategies

23. The overall goal is to ensure that children, in particular those who live in poverty and exclusion, enjoy and exercise their rights. The country programme will build capacities, create commitment and basic conditions and support government and civil society in their efforts to progress towards this overall goal.

24. The key results are of the country programme will be: (a) an increased percentage of excluded girls will complete gender- and culture-sensitive basic education at the right age and gain appropriate knowledge and skills; (b) an increased number of at-risk and institutionalized children will be provided with family-like forms of care; (c) U5MR will be reduced by 50 per cent among excluded vulnerable groups and by one third at the national level; (d) more than 90 per cent of young people will have access to knowledge and services necessary to develop skills to practice healthy life styles; and (e) there will be increased prevention and successful responses in cases of child abuse, neglect and exploitation.

25. Focusing on the child's life cycle facilitates a multidisciplinary approach within different age groups and will remain the basic strategy for projects within the first three programmes. It will build on progress already gained in the previous country programme. In addition, strategies for child protection, a weak area in the previous country programme, will be an integral part of each programme component. The programme on partnerships for children will have a two-pronged focus, on advocacy and communication, and global monitoring and mobilization of child rights.

26. UNICEF and other United Nations agencies will advocate with and support the Government in the development of an emergency preparedness plan.

Relationship to national priorities and UNDAF

27. The country programme will support the implementation phase of the PRSPs of Serbia and Montenegro to combat child poverty at central and local levels. The programme will also support the further development and implementation of national and local Plans of Action for children and the monitoring of development indicators through *DevInfo*. The structure and all outcomes of the programme directly support the achievement of the three UNDAF outcome areas of institutional and public administration Reform, judicial reform/rule of law; and sustainable local development.

Relationship to international priorities

28. The Government has adopted the Millennium Development Goals and incorporated them into the PRSPs. The PRSPs, Millennium Development Goals and the goals of Education For All and *A World Fit for Children* served as the basis for the Plans of Action for Children in Serbia and Montenegro.

29. The priorities of the UNICEF medium-term strategic plan (MTSP) are integrated into the country programme, with a focus on children living in poverty, children of minority groups and children with disabilities, especially girls, and their access to quality education and a healthy and stimulating early childhood. Child protection efforts focus on de-institutionalization processes and on policy frameworks and mechanisms to reform the juvenile justice system, address trafficking in children, and prevent and respond to child abuse and neglect. Prevention of mother-to-child transmission and new transmissions of HIV will be addressed by programmes for pregnant women and for adolescents. A regional priority — sustained elimination of IDD — will also be followed up.

Programme components

Social policy reform for children

30. Processes to reform social policy are under way. New legislation on education, health and social welfare has been drafted and a development policy framework established in the PRSPs and Plans of Action for children. However, some key areas are not covered such as ECD policies, legislation on sexually transmitted infections and HIV/AIDS, special protection measures and referral mechanisms for abused and exploited children.

31. This programme seeks to establish national legislation and a national social policy framework for children and it is expected to facilitate the incorporation of the Convention on the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against Women in laws and policies. Key results will include: (a) the creation of a legislative framework for survival, optimal development, protection and participation of children; (b) development and implementation of policies preventing and redressing exclusion of children; and (c) enhancement of government capacities to collect, analyse, use and coordinate data and monitor the realization of children's and women's rights, together with improved availability of good, disaggregated data for policy development and decision-making.

32. The programme will focus on: (a) the development of national guidelines and protocols for integrated early childhood development, IMCI, safe motherhood, nutrition and a long-term immunization plan; (b) policies and protocols for inclusive education and the implementation of a Roma education strategy; (c) the adoption of policies and legislation on HIV/AIDS, addressing mainly prevention among adolescents and of mother-to-child transmission of HIV, and national policies and strategies related to adolescent health and participation; and (d) special protection measures for children who are victims of violence, abuse and neglect or children who have been de-institutionalized, and comprehensive reform of the juvenile justice system.

33. The programme will build on both international and local community-based experiences. Relevant experience from other countries will help to ensure harmonization with international and European standards. Lessons learned from local initiatives that focus especially on the poor and excluded populations will help the development of more inclusive policies. The programmes on building systems and community mobilization will be closely linked to the programme for social policy reform since they will identify mechanisms and policies for inclusion through a dialogue between primary-level services and the poor and excluded population.

34. The implementation and monitoring of national and local municipal plans of action, using *DevInfo*, will play a central role in advocacy and mobilization for sustained investment in children. Disaggregated data and better information on the situation of children will assist better decision- and policy-making at all levels. A strong information base will also be used to advocate for a culture of rights within the country.

35. Partners are public sector ministries and such national institutions as the Institutes of Health and Education and NGOs. Partnership on specific issues is expected mainly with the United Nations Development Programme, the Office of the United Nations High Commissioner for Human Rights, the Office of the United Nations High Commissioner for Refugees, WHO, the World Bank, Organization for Security and Cooperation in Europe (OSCE), the Council of Europe and other European agencies.

System-building

36. Access to education, health, social protection services is not universal in practice. Less than one third of children attend pre-school education. Approximately 80 per cent of Roma do not finish primary school. Only 30 per cent of Roma are covered by immunization programmes, and an estimated 30 per cent of children with special needs are enrolled in mainstream schools. Services are often "one size fits all", there are discriminatory practices by service providers and ownership is with the system and not with the people. Cooperation between service providers and their users is weak, as is intersectoral collaboration.

37. The programme component aims to ensure access to quality and child-centred social services, especially for poor and excluded children at the local level. The key results will be: (a) professional standards for local social services will be in line with international standards, and applied and monitored; (b) excluded groups will be identified and diversified, community-based models will be developed and implemented to ensure their inclusion and access to basic social services; (c) standards will be in place for cross-sectoral work and functional linkages between users, civil society and services; (d) referral systems and mechanisms for users to claim redress will be in place and successfully used; and (e) civil society organizations (CSOs) and local authorities jointly will monitor the implementation of the national and local strategies for children.

38. Within the framework of the PRSPs and Plans of Action, the programme will support the decentralization processes, developing municipal-level models of social-service delivery aimed at including all children, and focusing on municipalities with minority populations and high levels of poverty. Collaboration between services, users and NGOs will be supported to ensure community participation in the development of health, education and social services. The participation of children,

young people, families and community-based organizations (CBOs) from among the most excluded communities will be encouraged through participatory research and dialogue as part of local municipal-level planning. Technical support will be provided to incorporate diverse local expertise and lessons learned from local pilot projects into national policies.

39. Technical expertise will be provided for the development of professional standards that are in compliance with international standards, for ensuring that services are client-centred and that the quality of services is improved, coverage for excluded groups is broadened and the rights of children, women and families are being fulfilled.

40. Major counterparts will be local-level service providers including municipal authorities, health centres, schools and pre-school institutions, social welfare centres, local media, NGOs, CSOs and local associations (parents, youth, etc.). International partners will include European agencies, United Nations agencies, the Canadian International Development Agency (CIDA), Development Cooperation Ireland (DCI) and international NGOs.

Community mobilization

41. The Plans of Action for children and the PRSPs underline the importance of the participation of children and their families and communities in national and local development processes and reforms. Communities have only recently started taking a more proactive role and initiatives are needed to stimulate and create an informed demand.

42. The objective of this programme is to ensure that children and their families and communities are aware of, and given the means to participate in, decisions and processes affecting their lives. The programme focuses on individuals and on their access to information, knowledge and skills to exercise their rights, and means of redress if their rights have been violated.

43. The expected key results are: (a) child-care practices and violence against children will be better understood, analysed and documented; (b) poor and excluded children and young people will know how to practice healthy lifestyles, and families will be educated on optimal child-rearing practices; (c) the level of participation of children in the development of their families and in civil and public life will increase; (d) there will be increased community, parental and child participation in the development and management of local schools and health and social services; and (e) there will be increased community awareness, understanding and support for the promotion and protection of children's rights.

44. Participatory approaches will be emphasized, with a focus on supporting poor and excluded groups to organize and to build their capacities to participate in social processes and in the social development of their communities, especially in relation to the local plans of action. Peer education programmes will be developed together with children and young people.

45. Major partners will be networks of local NGOs, CBOs, children, young people, women, minority organizations, parents' associations, associations of disabled people, municipalities and local media.

Partnership for child rights

46. The partnership for child rights programme will function in synergy with the three other components and help to create the overall environment in the country that is necessary for them to achieve their expected results. It focuses on the promotion of a culture of rights which will make the inclusion of all children possible. Promoting such a culture implies strengthening positive social and cultural norms and global values which address and redress exclusion and promote inter-ethnic relationships.

47. This programme seeks to create awareness in the country of children's and women's rights and to mobilize a global commitment for their realization. It will strive to make access to information and disaggregated social data publicly accessible and will promote the dissemination of information on the situation of children and on disparities and exclusion. Other expected results include: (a) an adequate budget will be allocated for children; (b) Parliament will actively oversee relevant policies and implementation of the National Plans of Action, allocate adequate budgets for expenditures on children and pass laws that guarantee their rights; (c) the media and other opinion leaders will promote, monitor and report to a high standard on children's and women's rights; and (d) alliances for children will be built with a broad range of strategic partners, including the private sector and business community.

48. The monitoring of national and local municipal plans of action, using *DevInfo*, will provide valuable information for advocacy and mobilization for children.

49. Major partners will be opinion leaders, the media, the private sector and business community, CSOs, women's organizations, professional associations, academic institutions, all levels of government, the Parliaments, the Council for Child Rights in Serbia and the Commission for Child Rights in Montenegro, statistical offices and the Ombudsman's Office. A wider donor base will be created through private sector partnerships and fund-raising and through mobilizing a network of UNICEF volunteers. Children and adolescents will be both targets of and active participants in the programme.

50. **Cross-sectoral costs** will cover the basic operational costs of running the UNICEF country office and sub-office, including operating expenses, salaries of cross-cutting staff, travel costs and other equipment as necessary. They will also cover implementation costs that are not attributable to individual programmes. Regular resources will be used mainly to finance technical assistance for the programme components on institutional reform, participatory monitoring and social mobilization, given their emphasis on advocacy and social communication and their relation to cross-sectoral interventions.

Major partnerships

51. Major local partners are ministries of health, education, social affairs, justice, youth, finance and international economic relations. The Serbian Council for Child Rights and the Montenegrin Commission for Child Rights, the two Parliaments, the private sector, professional associations and academic institutions, the media and CSOs will be partners in advocacy and planning. Local municipal authorities and services, CBOs (especially women's and young people's organizations) and NGOs (primarily local but also some international ones) will be partners in the planning

and implementation of programmes at the local level. International partners will include United Nations agencies, the World Bank, the Council of Europe, the European Agency for Reconstruction, OSCE, CIDA, DCI, the Swedish International Development Authority (SIDA) and National Committees for UNICEF.

Monitoring and evaluation and programme management

52. Key indicators to assess progress and monitor results include school enrolment rates, immunization coverage rates and the number of children in institutions, all disaggregated by gender, ethnicity and location. *DevInfo* is being installed in the statistical offices and main ministries, and will be extended to the municipal level. Monitoring and evaluation of programme activities will be coordinated within an integrated monitoring and evaluation plan, supplemented by regular field monitoring by UNICEF staff, surveys and studies. An evaluation of juvenile justice reform is planned, as is a multiple indicator cluster survey (MICS).

53. The mid-term review of the country programme will take place in 2007. UNICEF will support the evaluation of the UNDAF in 2008 in collaboration with the Government and national counterparts. The main partner for UNICEF in the country is the Ministry of Foreign Affairs of Serbia and Montenegro via a coordinating mechanism that is being established.

54. UNICEF will continue to have its main office in Belgrade and a sub-office in Podgorica covering Montenegro. Programme objectives and structures will be the same for each republic but the strategic approach to issues and activities will be adapted to each one.

B. Kosovo[1]

The situation of children and women

55. Kosovo has one of youngest populations in Europe, with 50 per cent under the age of 25 years and 40 per cent under 18 years of age. Its population of approximately 2 million is made up of 88 per cent Kosovo-Albanians and 7 per cent Kosovo-Serbs, with the remaining 5 per cent including Roma, Askaljia, Egyptian (RAE) and other groups. There are also 235,000 IDPs from Kosovo in Serbia and Montenegro. There has been no effective census since 1981, resulting in a dearth of reliable statistics and social indicators. Disaggregation of data by gender, ethnicity and location is insufficient.

56. GDP per capita rose from $750 in 2000 to $900 in 2002. Despite this increase, Kosovo remains one of the poorest territories in Europe, with 50 per cent of the population living in poverty and 12 per cent in absolute poverty. Unemployment is very high, with 57 per cent of the available workforce out of work. It is particularly concentrated among women and young people who have levels of close to 70 per cent.

57. Security Council resolution 1244 (1999) placed Kosovo under the administration of UNMIK. The Provisional Institutions of Self-Government (PISG) will complete their first three-year term of office towards the end of 2004. UNMIK

[1] Currently under United Nations administration (United Nations Interim Mission in Kosovo (UNMIK)) (hereafter referred to as Kosovo).

has transferred responsibility to the PISG for all administrative areas except justice, rule of law, minority affairs and external relations, which remain reserved powers of the Special Representative of the Secretary-General. The uncertainty about its final status is affecting life in Kosovo. In 2003, the Security Council clarified the standards that Kosovo has to meet before its final status can start to be reviewed in mid-2005.

58. Young people represent a major source of energy and enthusiasm in Kosovo. Currently, despite increasingly making their voices heard through the media and peer education initiatives, young people's participation in social, political and economic life remains low. Culture and tradition tend to discourage young people, especially girls, from taking a more active role in the public and social spheres. In addition, young people are not well informed about their rights or about life skills, including risks from unprotected sex, drugs, alcohol, tobacco and HIV/AIDS.

59. Although surveillance systems remain inadequate, sentinel and other surveillance suggests that the adult prevalence rate of HIV/AIDS is less than 0.1 per cent. Rapid assessments, however, point to increasing high-risk behaviours among young people, including injecting drug use. Less than 50 per cent of 14-to-19 year-olds know that HIV can be transmitted through shared needles, and less than 41 per cent of sexually active young people regularly use condoms. There is an urgent need to fill these knowledge gaps, equip young people with the skills to protect themselves and develop health and social services that are tailored for young people. More generally, investing in young people would facilitate their greater involvement in public and political life, so that they can contribute significantly to building a society based on reconciliation and tolerance. To that end, reform of the education system is a key challenge to make it more relevant to the issues facing young people.

60. The infant mortality rate is estimated at 35 per 1,000 live births. The health information system, however, does not currently allow for determination of U5MR and the maternal mortality rate. More than 95 per cent of mothers give birth in a health facility, but even so, maternal mortality is high. Only 12 per cent of mothers breastfeed exclusively for six months. Immunization coverage rates have increased to over 90 per cent in 2003, but remain low among RAE communities.

61. Despite the fact that 84 per cent of households consume iodized salt, nearly 50 per cent of women have an inadequate iodine status. One third of children under five years of age suffer from vitamin A deficiency, although less than 1 per cent showed severe deficiency. Access to ECD and educational opportunities is very limited, with only 3 per cent of children aged three to six years attending any form of pre-school programme. More attention needs to be devoted to young children's cognitive and psychosocial development, both within the family and by social services.

62. While 97 per cent of Kosovo-Albanian and 99 per cent of Kosovo-Serb children are enrolled in primary school, nearly 30 per cent of children from the other minority communities are not. Some 10 per cent of girls drop out at the end of grade 5, with this figure rising to almost 50 per cent by grade 9 for Kosovo-Albanian girls. While 93 per cent of Kosovo-Serb girls go on to higher secondary school, only 56 per cent of Kosovo-Albanian girls and 40 per cent from other communities continue their education. Some 14 per cent of women and girls in rural areas are illiterate, compared to 4 per cent of rural men and boys. Very few children with special needs

or disabilities are enrolled in school and of those who are, 69 per cent are boys. Discrimination and exclusion based on gender, age and ethnicity, reinforced by cultural patterns, are among the main barriers to the realization of children's and young people's rights and need to be better understood and addressed.

63. The Constitutional Framework recognizes international law including the Convention on the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against Women. A new legislative framework is being developed that takes into account the existing legislation, while new laws and policies reflecting the responsibilities of the PISG are being drafted. Many gaps are still to be addressed. Implementation of new legislation is still lacking and awareness of human rights among individuals and communities is low. Child protection, especially regarding trafficking of children, child labour, children with disabilities and those deprived of parental care or liberty and in conflict with the law remain without a clear policy or systemic response. Kosovo serves as a route for trafficking of human beings, including children, mainly as a destination from Eastern Europe and one of transit to Western Europe. As data on the magnitude of the problem are not fully available, UNICEF is presently supporting a study on this issue. The PISG has established an interministerial committee to combat trafficking and is developing a national plan of action.

64. An analysis of the main issues affecting children, young people and women shows that the immediate causes are often attributable to lack of, and unequal access to, quality integrated services, limited outreach capacities, especially for marginalized groups and rural communities, and insufficient human resource capacities for service provision. More attention needs to be devoted to the institution-building and legislative processes and to mobilization of families and communities to have the skills, resources and knowledge to meet their obligations and increase their negotiating power with government and institutions.

65. A situation analysis of children and women was carried out in 2003. More information and data are needed, however, to analyse the basic causes of problems affecting children in a society that is experiencing a complex transition (both socio-economic and political), has emerged from a conflict and is striving to build new institutions in a multi-ethnic context.

Key results and lessons learned from previous cooperation, 2002-2004

Key results achieved

66. At the policy level, key results achieved during the last programme include the increase in the number of years of compulsory education from eight to nine; the drafting of a Basic Youth Law, with the full participation of young people; and the adoption of a protocol on child protection by the Ministries of Labour and Social Welfare, Health and Education, as well as a new Juvenile Justice Code.

67. At the level of institution-building, a major breakthrough was the integration of Kosovo-Serbian educators into the education reform programme. Early childhood education is now part of the five-year strategy of the Ministry of Education and "child-friendly" pilot initiatives are being adopted as national strategies for primary education. With UNICEF support, a Child Rights Advisor in the Prime Minister's

Office is coordinating a plan of action for children, together with child rights coordinators in all municipalities.

68. At the community level, children in five rural municipalities have access to early childhood education opportunities and 2,300 girls and women in 19 municipalities are completing literacy courses; 150 young people from 15 municipalities have set up social dance theatre groups; over 500 peer educators have been trained and are active in 25 municipalities; and 33 radio stations broadcast, in both Albanian and Serbian, radio programmes made by young people for young people addressing health, development, participation and protection issues. During the immunization campaign carried out in October 2003, 500,000 children aged one to five months to 15 years from all communities were immunized against measles and rubella and 175,000 children aged 12 months to 5 years received vitamin A supplementation.

Lessons learned

69. UNICEF support of Kosovo-Albanians and Kosovo-Serbs working together in the development of an inclusive education curriculum represented a good entry point for diverse communities to cooperate and begin to live together in a post-conflict situation. This was the result of over two years of work at the community level in the education sector, with a broad range of partners including the Ministry of Education, UNMIK, CIDA, NGOs and the communities themselves. Many challenges in the field of integration and establishment of a genuine multi-ethnic society still remain.

The programme for Kosovo, 2005-2009

Programme preparation process

70. The proposed programme is the result of an extensive consultation process with the PISG, United Nations agencies, donors, national and international NGOs and civil society groups. Young people participated throughout the process, including in the Strategy Review Meeting in December 2003.

71. The programme draws on the United Nations Strategic Plan for Kosovo 2003-2004 that was prepared by the United Nations team in 2002 and endorsed by the PISG. The Millennium Development Goals form the focus for joint United Nations collaboration with the PISG and civil society.

Goals and strategies

72. The overall goal is to ensure that children and young people belonging to all ethnic groups in Kosovo, in particular girls and marginalized and disadvantaged groups, fully enjoy their rights to survival, development, protection and participation.

73. The programme will follow a two-pronged approach. Firstly, it will support the PISG and other institutions to establish systems and policies to reach the international standards set for Kosovo, and to meet their obligations towards families and communities. This will be particularly important in the area of human rights to foster peace and tolerance, and to work towards creating a multi-ethnic society that addresses exclusion, marginalization and discrimination. Secondly, the

programme will enable families, communities, children and young people to have adequate skills and knowledge to demand better-quality services and to respect and monitor human rights.

74. The programme will adopt integrated strategies that will strengthen institutional capacities at all levels, including the municipal level, to develop policies, standards and protocols and to put in place mechanisms that will ensure their implementation and monitoring. It will also promote a research agenda to inform policies and programmes, and build capacities to monitor and report on obligations under international human rights instruments. The programme will mobilize community groups, especially parents, women and youth, to make informed choices and demand their rights. Special emphasis will be placed on reducing disparity and exclusion among girls, children from RAE communities and children with special needs. In addition, the programme will focus on the promotion and protection of children's rights, cutting across all programme areas and addressing issues within both the legislative framework and service-delivery setting to ensure that rights are addressed in their universality.

Relationship to national and UNDAF

75. The Kosovo programme will support the priorities established by the PISG, in particular related to the consolidation of democratic structures, improving educational standards and the quality of health services, and integration of all ethnic communities. These priorities are also supported by three United Nations theme groups (on institution-building, benchmarks and advocacy) and one on HIV/AIDS.

Relationship to international priorities

76. The Millennium Development Goals are the overarching priorities for all United Nations agencies in Kosovo. The programme of cooperation will contribute to achieving universal primary education, with emphasis on girls and children from RAE communities; promoting gender equality and the empowerment of women in the areas of education, literacy, participation and protection; reducing child mortality and improving maternal health through lobbying and support for "mother- and child-friendly" policies and services, particularly improved perinatal care; and combating HIV/AIDS through widespread knowledge and awareness-raising with and for young people.

77. The programme preparation was guided by *A World Fit for Children* and the UNICEF MTSP. The programme focuses on the five MTSP priorities as well as young people's health, development, protection and participation, with attention to extremely vulnerable young people.

Programme components

Institution-building

78. Institution building in Kosovo will be the focus of the PISG and the international community. Sectoral reforms will continue to address the key areas of rule of law, good governance and legislative and policy frameworks, thereby establishing the basis for an equitable social service system for all ethnicities.

79. As part of this broader effort, the programme will establish a "child- and youth-friendly" policy and legislative framework based on international human rights instruments. It will enable the PISG and its institutions to meet their obligations and reach acceptable standards for children and young people's rights. Protocols, standards and guidelines for the implementation of such policies and laws will be developed. Mechanisms for quality social services will be established to reach out to the most disadvantaged and marginalized groups. Finally, the programme will support upgrading of knowledge and skills of service providers to enable them meet the above standards and protocols, with an emphasis on the elimination of all forms of discrimination, exclusion and marginalization.

80. This component aims to bring about results in four areas. In young people's health, development and participation, the programme will support HIV/AIDS prevention, with a focus on especially vulnerable young people, and result in increased awareness, knowledge and practices of healthy behaviours among young people. It will aim to have in place policies, legislation, protocols and guidelines on youth participation, youth services and life skills; institutional mechanisms at all levels, including the municipal level, that ensure young people's participation in decision-making; and health services for young people in all municipalities that are equipped to deliver quality services and offer outreach to extremely vulnerable young people. For the promotion and protection of child rights, the programme will help to reduce violence, abuse, exploitation and discrimination by ensuring that child rights are addressed as an integral part of all policies and legislation, with a focus on preventive measures and the creation of a protective environment for all children. In ECD, the programme will lead to better parenting practices among parents, social workers and communities, and increased access to community-based programmes and education, through continued development of "mother- and child-friendly" health policies and services and social mobilization of parents. It will ensure that immunization coverage is improved and that RAE children are immunized. It will address micronutrient deficiencies, including IDD and vitamin A deficiency. In terms of access to quality education, every girl will complete a quality basic education and have access to appropriate continued education and training, including community-based literacy.

Community mobilization

81. This component will address low awareness and knowledge of children's rights among families, communities and institutions; the lack of community mechanisms to monitor rights; and the cultural patterns that are considered to be an impediment to the development of children and young people, especially girls. Obstacles continue to be weak participation of children, young people and communities in public life, and low community knowledge, skills and engagement in establishing and delivering community-based social services.

82. Communities and families have an important role to play in meeting standards and interfacing with the PISG and institutions to claim rights for themselves, their children, young people and women. The programme will have a strong communication focus and will enable local NGOs, civil society groups, families, parents, communities, professional associations, children, young people and women to exercise their rights and demand broader participation in policy-making. It will equip them with the knowledge and skills needed to play a more active role in delivery of better quality services. There will be a special emphasis on working with

the most disadvantaged and marginalized groups. The programme will mirror the structure of the institution-building component and support its actions.

83. **Cross-sectoral costs** will cover the salaries of staff performing cross-cutting functions and the basic operational costs of the office, including utilities, telecommunication and transportation.

Major partnerships

84. The PISG and municipalities will continue to be the main partner at institutional and policy levels, while local NGOs and CBOs, especially associations of young people, women and parents, and professional associations will be important partners for social mobilization. Young people will continue to be directly involved in determining UNICEF priorities and participating in implementation.

85. UNICEF will maintain its active role in the United Nations inter-agency team taking the lead in advocacy initiatives and providing strong support to the theme group on HIV/AIDS. A constructive dialogue and collaboration will be maintained with UNMIK, as well as bilateral and multilateral donors and partners, in particular the World Bank, the European Union, OSCE, CIDA, DCI, the Government of the Netherlands, SIDA, the United Kingdom Department for International Development and the United States Agency for International Development.

Monitoring, evaluation and programme management

86. UNICEF will increase its support for a research agenda to generate information on important vital and social indicators related to children, women, and young people, including through a MICS. The participation of government and community partners will be encouraged in field monitoring and research activities. The statistical office and United Nations Coordinator's Office will be supported in the introduction of *DevInfo* for monitoring and reporting on the Millennium Development Goals and the goals of Education For All, *A World Fit for Children* and the MTSP.

87. The key indicators to assess progress and measure results will include: the policies and legislation adopted; the availability and utilization of "child-, youth- and women-friendly" services; levels of awareness of HIV/AIDS among youth; levels of awareness about children's rights and responsibilities by the PISG and institutions, children, families and community groups; rates of immunization coverage and the prevalence of IDD and iron and vitamin A deficiencies; and drop-out and learning achievement rates.

88. The integrated monitoring and evaluation plan will form the basis for research, monitoring and evaluation activities of the programme. Mid-year and annual reviews will be undertaken with partners and a mid-term review will be carried out in 2007. Programme evaluation standards will be set and used to plan evaluations with an emphasis on the effectiveness of social mobilization in the areas of ECD and youth health, development and participation. The programme will be managed by the UNICEF offices in Pristina and Mitrovica in cooperation with the PISG and other partners.

Summary budget table

	(In thousands of United States dollars)		
Programmes	*Regular resources*	*Other resources*	*Total*
Social policy reform for children	390	2 150	2 540
System and institution building	435	14 880	15 315
Community mobilization	460	12 270	12 730
Partnership for child rights	490	1 500	1 990
Cross-sectoral costs	1 550	5 700	7 250
Total	**3 325**	**36 500**	**39 825**